

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T R		1-19-00
O.I.P.E. CLASSIFIER		48	2/10/00
FORMALITY REVIEW	RF	70556	2/11/00
RESPONSE FORMALITY REVIEW			

RF 70556 3-14-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-19-00
2	✓	✓	1-19-00
3	✓	✓	1-19-00
4	✓	✓	1-19-00
5	✓	✓	1-19-00
6	✓	✓	1-19-00
7	✓	✓	1-19-00
8	✓	✓	1-19-00
9	✓	✓	1-19-00
10	✓	✓	1-19-00
11	✓	✓	1-19-00
12	✓	✓	1-19-00
13	✓	✓	1-19-00
14	✓	✓	1-19-00
15	✓	✓	1-19-00
16	✓	✓	1-19-00
17	✓	✓	1-19-00
18	✓	✓	1-19-00
19	✓	✓	1-19-00
20	✓	✓	1-19-00
21	✓	✓	1-19-00
22	✓	✓	1-19-00
23	✓	✓	1-19-00
24	✓	✓	1-19-00
25	✓	✓	1-19-00
26	✓	✓	1-19-00
27	✓	✓	1-19-00
28	✓	✓	1-19-00
29	✓	✓	1-19-00
30	✓	✓	1-19-00
31	✓	✓	1-19-00
32	✓	✓	1-19-00
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41	✓	✓	1-19-00
42	✓	✓	1-19-00
43	✓	✓	1-19-00
44	✓	✓	1-19-00
45	✓	✓	1-19-00
46	✓	✓	1-19-00
47	✓	✓	1-19-00
48	✓	✓	1-19-00
49	✓	✓	1-19-00
50	✓	✓	1-19-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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